

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	2					
6						
7						
8		2				
9		2				
10		2				
11						
12						
13						
14						
15						
16	1					
17		1				
18						
19						
20						
21						
22		2				
23		2				
24		1				
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47						
48						
49						
50						
TOTAL IND.	6		4			
TOTAL DEP.	23	←	22	←		
TOTAL CLAIMS	29		24			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	29		24			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS